MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3.00	1	08463	- 1		CERTI	FICATE	OF DEATH			():	8451	
The one	1	PLACE OF DEATH o. COUNTY	. Barrett (6.			2. USUAL RESIDENCE (VI		ved, if institu	MTY		
nours arrer	L.		OAKLAND			RYLAND	MARY			GARR		
			f outside corporate limit give nearest town)	5,	c. LENGTH OF STAY		c. CITY OR TOWN (If our			RAL and give no	eorest town)	
	L		3 ,		5 DAYS	18 H	5 FRIE	VDSVII.L	E, Md.		11-1	
			AL OR INSTITUTION (If no		,		d. STREET ADDRESS				e, IS RESIDENO ON A FARM	E 12
65	L	GARRETT	CO. MEMORI	AL HOSE	PITAL		ROUTE	FI BOX	# 19		YES NO	
	3	NAME OF		rs1	Middle		Lost	4. DATE	Mon	th	Doy Year	
		(Type or print)	VIRG	IE	MARTHA		BEAVER	OF DEATH	JU		6 1966	
	5	SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		E (In years st birthdov)	Months De		HRS.
		FEMALE	WHITE	400	DIVORC	ED 🔲	5/28/96	10	70 yrs.	mornis D	Jys Hours /	riii).
	10	o. USUAL OCCUPATION	(Give kind of work done	10b. K	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	State, or foreign	country)	12. CITIZE	N OF WHAT	
	a	ring most of working Housew		10	DUSIKT		SMITHERS.	WEST	VIRGIN.	IA COOM	U.S.A.	
	1	3. FATHER'S NAME	dostro				14. MOTHER'S MAIDEN N	AME				
			JOHN W. T	UCKER			SHARA I	LEE MORI	7			
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17.	NFORMANT		Addr	ess	- 7 - 5 - 5	
	1	res, no, or unknown)	(If yes give wor or dates o	or service,			иЗОИн					
אווס וס ססווסי, מיפוות ויסוי, סיו היוו מוץ		Conditions, if ony, rise to immediat stating the under lost.	e couse (o), rlying couse	TO (b) TO (c)	arcen	n	ia fu	ug			2	
0	CERTIFICATION	PART II. OTHER SI					THE TERMINAL DISEASE CON		.,		19. WAS AUTOPS) PERFORMED? YES NO	X
	CERTIF	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in f	ort I or Port II (of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.n	1.0	20d. li While of wor			CE OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f. (Ci	ty or town)	(County	y) (Slot	e)
		21. I certi	fy that (1) (this has	pital) atten	ded the deceose	from	,1	9, to		, 19	, that (1) (we) las
		saw the d	eceased olive on_	TUNE 6	19 <u>.66</u> ,	and the	t death accurred at	PALOPM, fr	om causes	and an the	date stated of	bavı
1		220. SIGNATURE	Mua	ua		М.	711101	MED. DIRECTOR	STAFF PHYS. E	22b. DATE	KILLE GE	12
		22c. PHYSICIAN'S NAME (Type	A.E. MANCE	E MD.				AKLAND	MARYI	AND		
2	2:	BURIAL, CREMATIC	0N, 23b, DATE TH	EREOF 56	Shady		crematory e Cemeter;		ON (City or To		eston, W	,
18	1	FUNERAL DIRECTO	R		ADDRESS		25oR_C'D	BY REGISTRAR			ATUR wage	
1. 1.		K14. Van.		~	de 1 7 7	TA /	7 411	13 7 44 1	42707	Charles Comments	AT THE PARTY OF	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08462

CERTIFICATE OF DEATH

08452

000					
1. PLACE OF DEATH	1			Where deceased lived, if institution	
o. COUNTY		MARYLAND	o. STATE Mar	yland b. COUNT	Garrett
L CITY OF TOWK	(If outside corporate limits,	L c. LENGTH OF STAY IN 1b	G .	utside corporate limits, write RURA	
write RURAL	and give nearest town)		1		t one give neoress rowing
Oa.	kland	30 days-5 hrs		kland	11-1
	PITAL OR INSTITUTION (If not in	, , , ,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES XX NO
	t County Memo		Л	L. DATE II II	
NAME OF DECEASED (Type or print)	John First	Middle Davis	Browning	4. DATE Month OF DEATH June	25 1966
S. SEX			B. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS.
Male			ugust 20. 1		Months Doys Hours Min.
Do. USUAL OCCUPATI	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
farmer	ng life, even if retired)	Farming	Garrett C	o. Maryland	COUNTRY? U. S. A.
13. FATHER'S NAME		1	14. MOTHER'S MAIDEN		
	John F	Browning	Emma	Fredloc	ale.
C MAR DECEASED S			INFORMANT	Address	
Yes, no, or unknown	VER IN U.S. ARMED FORCES?	ervice			ofar Monre
no		215-36-8764 Mr	s. Wilhel	mma Browning	Oakland. Md.
	DEATH (Enter only one couse	per line for (o), (b), ond (c).)	12	1-1-	INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Varcellegila	Kluch	las Ellillas	ONSET AND DEATH
150	DUE TO		1 1	1 1	
Conditions if o	ny, which gove)	Munter Javan	disience	& Malling	5
	iote couse (o), DUE TO	THE COLOR	340-57600 2	- Menter Tree-	
stating the un	derlying couse	ateres soller	we co	V	
	SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	-th	NOTION GIVEN IN PART 1(a)	19. WAS AUTOPSY
200. ACCIDENT V	SIGNIFICANT CONDITIONS CON	KIBUTING TO DEATH BUT NOT KERNIED TO	THE TERMINAL DISEASE CO	NUMBER IN PART I(U)	PERFORMED? YES NO
200. ACCIDENT V	VAS UNDERLYING 🗆	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
S OR CONTRIBUTE	NG CAUSE OF DEATH FY MEDICAL EXAMINER)				
	NJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	n, 20f. (City or town)	(County) (Stote)
Hour	o.m.	While Not While foot	lory, street, office bldg., etc.		(0.0.0)
	p.m. 19	at work U ot work U			
21. I cer	rtify that (I) (this haspit	al)/attended the deceased fram_		19 <u>% ()</u> to 1/26646	, 19 <u>_66</u> that (I) (we) las
	deceased alive an 2	felice 19 00, and the	t death accurred at	LZILDAVitram tauses a	nd an the date stated above
220. SIGNATUI	RE- 0 /1.		ATTENDING -	MED. STAFF	226. DATE SIGNED
1 /1	2 / 1166	LCCI M.	D. PHYS.	DIRECTOR PHYS.	21/1000 66
22c. PHYSICIA			22d. ADDRESS		
NAME (Ty	pe) Dr. A. E. M	ance	Oakland	Maryland	V
30. BURIAL, CREMA			CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
REMOVAL (Spec	(bel)				
burl	al 6/28/6			Oakland M	a.rvla.nd ISTRAR'S SIGNATURE
24. FUNERAL DIREC	m	ADDRESS			
Mull	Il Allemanie	h Col-land Ma	DATE TO STATE U	N 2 X 1966 00	levela. Onder

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then states remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and says event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exacuted within 24 haurs after death. Page 4 may be retained by the haspital at attending physician.

VR A15 (4) 20 M 1/66

the state of the s 5 1 2 7 1 . . when the fill of the land

within 24 hours after deoth.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Garrett County Memorial Hospital Rt. # 2, Box # 221 YES NAME BELSES Byte or print) Samme of Decased Byte or print) SSX SSX Box 6. Color or race Maggie Middle Burns Burns Oy Year	453											
	o. COUNTY Gas					a, STAT	West	Virg.	inia b. co	UNIY Gr	ant	
	b. CITY OR TOWN (If outside corporate fimit	s,	c, LENGTH OF STA	y IN 1b	c. CITY OI	R TOWN (If out	side corporo	te limits, write R	RURAL and giv	e neores	t town)
				1 day	1 Hr.		Tunn	elton			80	7-3
			, ,			d. STREET		11 -				e. IS RESIDENCE
(Garrett (County Memo	rial Ho	pspital			Rt.	# 2,	Box # 27	51		
	DECEASED		100		en			OF			12,	66
5.	SEX		7. MARRIED	NEVER MARK	RIED E	. DATE OF	BIRTH	9.	AGE (In years			IF UNDER 24 HRS.
	Female	White	WIDOWED	DIVOR	CED 🔲	May	9. 188	1	47.4	Months	Doys	Hours Min.
1Do duri	ing most of working	[ife, even if retired]	IN	DUSTRY			PLACE (County &	& State, or for				
13.	FATHER'S NAME					14. MOTH	ER'S MAIDEN N	AME				
		Robert All	en Hari	tsell		Man	ry Neff					
	s, no, or unknown)). 17; II					dress		
	PART I. DEA 4 2 C Conditions, if any rise to immediat	TH WAS CAUSED BY: IMMEDIATE CAUSE OUE , which gove te couse (a).	(o) TO (b)	terio	the Marchen	oti	cardia Ca	Midio	Varser	lan File		
)									1	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT	RELATED TO T	HE TERMINA	AL DISEASE CON	DITION GIVE	N IN PART 1(o)		-	PERFORMED?
CERTIFIC	OR CONTRIBUTING	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter notur	e of injury in P	art I or Port	II of item IB.)			
MEDICA	20c. TIME OF INJ Hour o.r p.r	n.	While	Not While				2Df.	2774			(State)
	saw the d	eceased alive on_	spital) attend	ded the decease	d from/ and that	depth o	ccurred at	9 <u>66, to</u>	June From cause	12 19 s and an t	65, th	ot (I) (we) la e stated abov
	Ken	but,	4. 7	lighton	M.D	PHYS.			STAFF PHYS.	22b. D	11	//
			ert H.	Leighton		22d.	ADDRESS Dakland	l, Mar	yl.and	-		
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE TH									, ,,	, , ,
24	_	1 1	mich				2So. REC'D	BY REGISTR			SIGNATUR	

TO FUNERAL DIRECTOR: After this certificate how been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

CS180

4% ** MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6	10404	CERTIFICATE	OF DEATH		118454
	OF DEATH UNIY Garrett	MARYLAND	a. STATE Mary	Where deceased lived, if instituted and b. COU	rion: Residence before admission)
b. CIT	Y OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corparate limits, write RU	JRAL and give nearest town)
GT	ite RURAL and give nearest town) cantsville. Md.	23 Vrs.	Grantsvi	lle. Md.	11-1
d. NA	ME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type		Middle EDWARD GI	OTFELTY	4. DATE Mon OF JUNE	70 Day Year 30 19 66
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
P	I W wido	OWED DIVORCED T	ec. 18,18	386 79 birthday) yrs.	Months Doys Hours Min.
	ALOCCUPATION (Give kind of work done 1 sost of working life, even if retired) to the classification.	Ob. KIND OF BUSINESS OR HNDUSTRY BANK	II. BIRTHPLACE (County Salisbur	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	IER'S NAME		14. MOTHER'S MAIDEN I	V	
	William Glotfe	lty .	Anna	Mae Otto	
(Yes, no,	DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes give war or dotes af service) CAUSE OF DEATH (Enter anly one cause per li	Mr	NFORMANT	Add	ress ,Grantsville,Mo
Conc	DADT I DEATH WAS CAUSED DV.	metastatic a	inowa o	1 penis	ONSET AND DEATH Smanley 3 years
PAR	T II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				19. WAS AUTOPSY PERFORMED? YES NO
OR (ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Part I or Part II of item 1B.)	
MED	Hour o.m. p.m. 19	While Nat While factors work at work	E OF INJURY (Harne, farm ary, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that (I) (this hospital) of saw the deceosed alive on	attended the deceased from	deoth occurred at	9 66, to June M, from causes	and on the date stoted obove
	PASIGNATURE PHYSICIAN'S NAME (Type) A. PAIGE	trong M.I	22d. ADDRESS	MED. STAFF DHYS. C	22b. DATE SIGNED
BEN	RIAL, CREMATION, 23b. DATE THEREOF 7/3/66	23c. NAME OF CEMETERY OR Grantsvil	CREMATORY .le	23d. LOCATION (City or To	own) (County) (State) e,Garrett Co.Mc
24 / FIIA	EDAL DIDECTOR	2239004	25a PFC'I	RY REGISTRAR 25h R	FGISTRAP'S SIGNATURE

Gfantsville, Md.

1866

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Aren elease remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removed and in any event, within 72 haurs after death. **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

1 - 1

1966

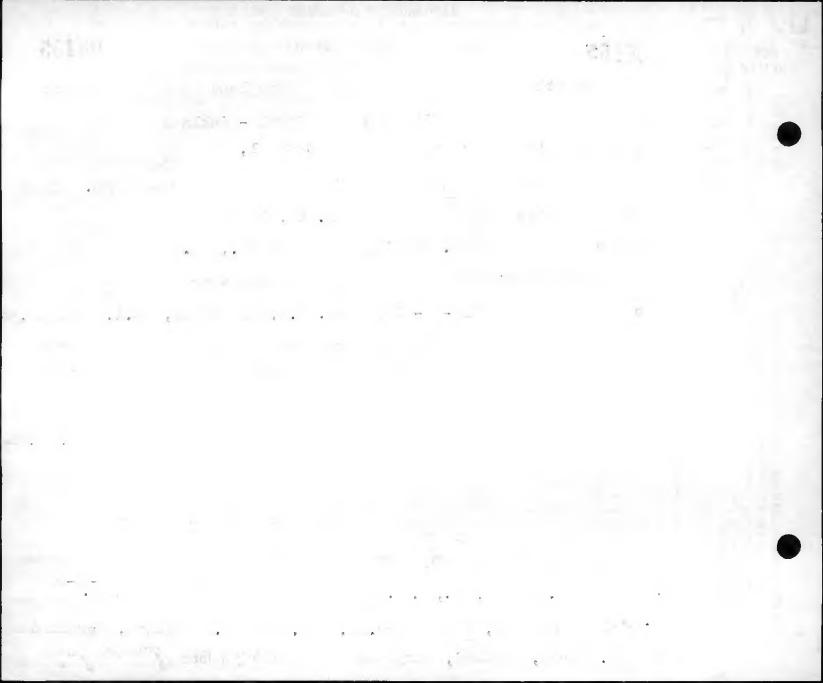
Durst.

Oakland. Maryland

Misiles

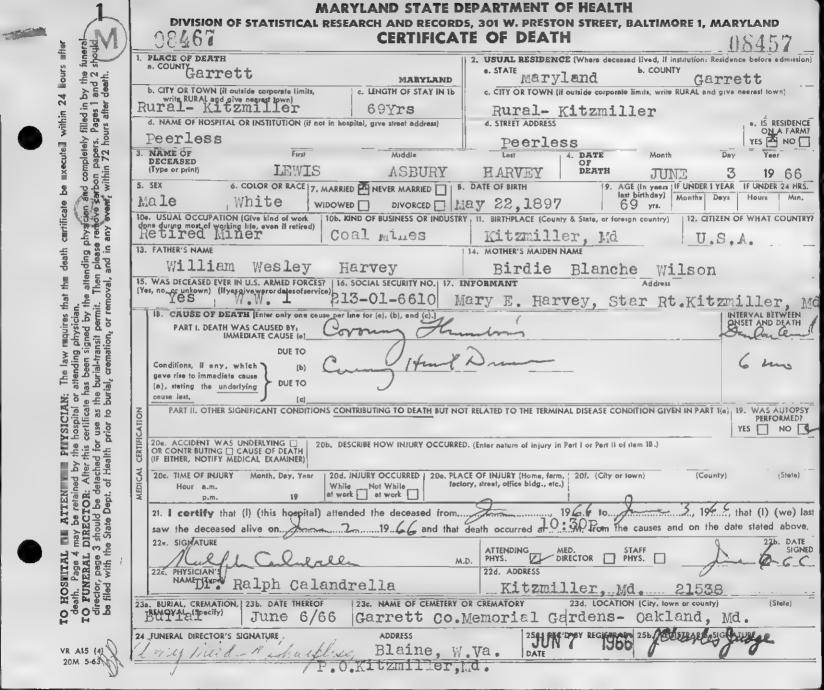
1966

VR A15ME (S)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08466 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ved, f institution Residence before admission o (OUNTY o STATE Maryland b COUNTY Garrett MARY. AND b CITY OR TOWN (if outside corporate mits RWT1e SURAL and give negrest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) life Rural Grantsville, Md, d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 'pending" in pentil in Item 18. Give Pages 1, et Medicol Examiner's Office olong with farm within 72 hours YES IN NO This certificate should be executed within 24 hours ofter death Middle 3 NAME OF 4 DATE Month DECEASED SAMUEL SILAS. HARE June 19th. 66 (Type or print) DEATH F UNDER 1 YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED [X] 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS Jost birthdoy) July 10,1938 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS, NESS OR 12. CITIZEN OF WHAT der ng mest of working the even Aretical Cy Wagehouseman US'A Garrett Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sherman Hare Etta Bittinger 16. SOCIAL SECURITY NO. 17. INFORMANT remayol, 10/61-16/11/12/232-20-5539 Sherman Hare, Grantsville, RD, Hd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))
PART | DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Ruptured heart INTERVAL BETWEEN Sudden DEATH used as a burial-trans burial, cremotion, or DUE TO Conditions, if any, which gave (b) Rifle shot of chest Sudden rise to immed ate couse (a), DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🟋 its designoted agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY TO OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of noury in Port I or Part II of item 18) While hunting, patient shot in chest. 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) M'de 19 66 Wh a Not Wh. e A wark factory, street, affice b dg , etc.) Farm (Rural) Grantsville Garr. pm 6-19 21. I certify Pat I taak charge of the remains described above, held an Autopsy [X] Inspection X inquiry [X], and in my apinion death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-20-66 5 moy be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county Oakland, Md. James H. Feaster, Jr., M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Grantsville, Garrett Grantsville ADDRESS 250 RECD BY REG STRAR
DATE UN 2 7 1966 RECISIRAR S SIGNATURE Judge. 24. FUNERAL DIRECTOR VR A15ME (5) Gfantsville, Md.

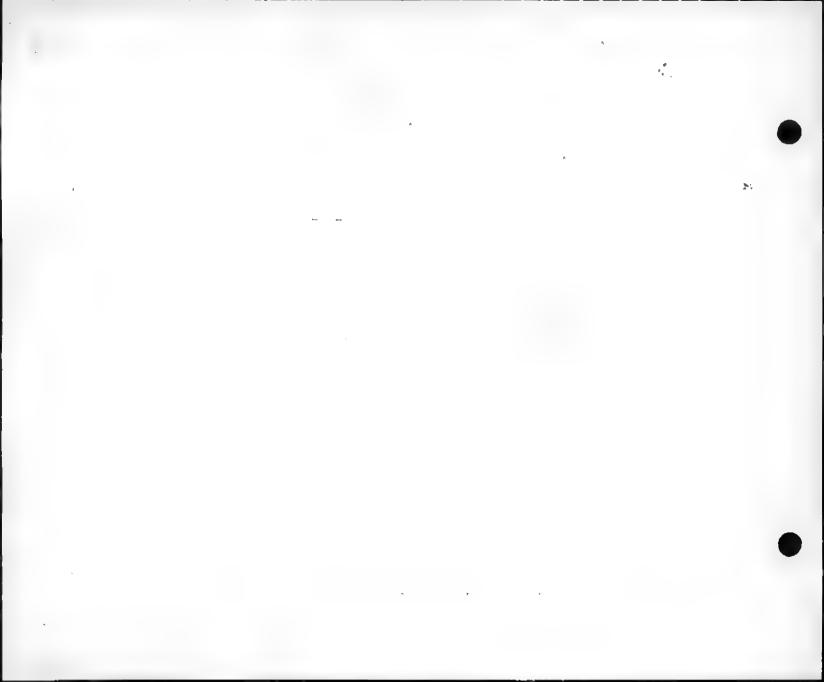




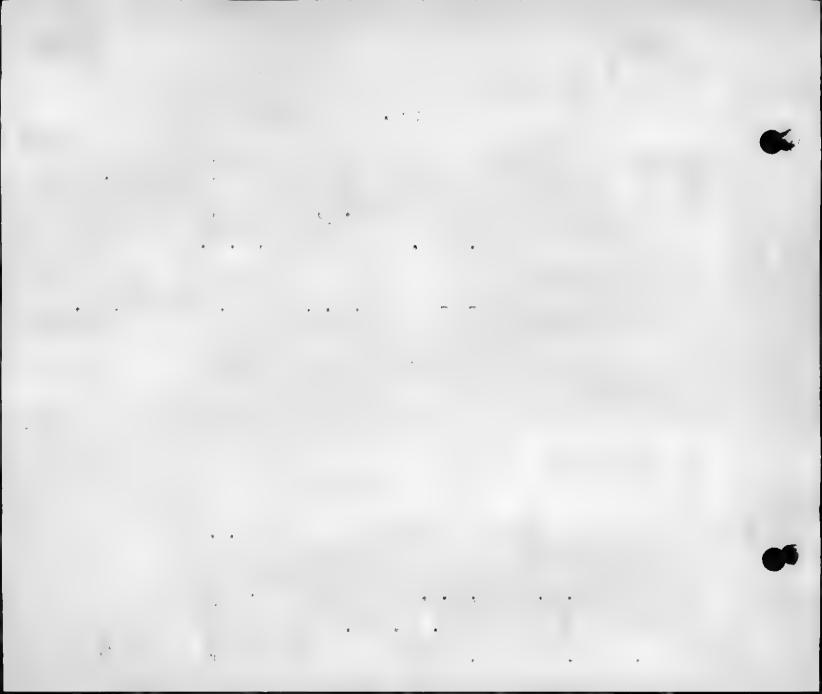




MARYLAND STATE DEPARTMENT OF HEALTH



PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Marvland Garrett Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest lown) Deer Park Deer Park 30 Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF First DATE Yaer Middle Month DECEASED CLARENCE FRANK ROLL MAN DEATH (Type or print) 19 66 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR ! 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Male WIDOWED [DIVORCED [Nov. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Elk Garden. W. Va. TISA Merchant Gen. Mdse. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Pilgram Frederick Rollman ā Widow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no unkown) | (If yes give wer or detes of service) Deer Park, Md. Mrs. C.F. Rollman. MIERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one course to line for (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e. Moring RT Colm DUI TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO A 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18) OR CONTRIBUTING | CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY (Stete) Month, Dey, Year 20d, INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 201. (City or town) (County) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work 150. to June 6 19.66, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from................ June 8, 19 66 and that death occurred 1: 154. A convite causes and on the date stated above saw the deceased alive on 22a. SIGNATURE 7 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNER NAME (Type) director, I Oakland. Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION. | 236 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Garr. Co. Mem. Gardens Oakland, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Durst. Oakland



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

18461

I. PLACE OF DEATH		2. USUAL RESIDENCE		institution: Residanca before admission)
*. county Carrett	MARYLAND	a, STATE	b. COUN	Carret.t.
b. CITY OR TOWN (if outside corporate fimils,	c. LENGTH OF STAY IN 1b			RURAL and give neerest town)
write RURAL and give nearest town)		c, carrow round pro-	70.3.40 CO. PO10 (1	
Ca'tland	3 wks	Oa' <u>tla</u>	nd	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Cuppett-Weeks Nu	rsing Home	121	3nd St	YES NO
NAME OF Fini	Middle	Lest	DATE Mont	Day Yaar
(Type or print)	Daga	Doot.	OF DEATH The	1000
Lua	Rose	ROOT !	9. AGE (In years	
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	DATE OF BIRTH	last birthday)	Months Days Hours Min.
Female 'Vaite widow	ED 🔃 DIVORCED 🔲 🛛 🕹	n. 11, 100	4 1 2 Aur	
	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
dona during most of working life, aven if retired)	Own Home	Cakland.	"fanuland	USA
3. FATHER'S NAME	CALL HOME	14. MOTHER'S MAIDEN N		1 004
		14. MOTHER OFFICE		
Charles F. Daws		== -	lelena 3	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unknown) {[fyesgivawerardetesofservice]	SOCIAL SECURITY NO. 17. IT	IFORMANT	Address	
no 214-05-65°4	Rot	ert W. Loh	r Oakland.	arvland
18. CAUSE OF DEATH (Enter only one cause per		\(\frac{1}{2}\)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		lerase	-	ONSET AND DEATH
IMMEDIATE CAUSE (6)	apero so	und al		
DUE TO				
Conditions, if any, which (b)				
gave rise to immediate cause				
(e), steting the underlying ceusa last.				
	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19, WAS AUTOPSY
				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO 200 ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
E 200 ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED.	Enter neture of injury in Pe	rt I or Pert II of Hem 15.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20d.	INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, ferm.	2Df. (City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day, Yeer 20d. Whith the sem. 19 all wo		ry, street, office bldg., etc.)		
≥ p.m. 19 (a) wo	ork at work	11/35	11 Block	6
21. I certify that (I) (this hospital) atter	nded the deceased from	7/23 1	to See G	, 19, that (I) (we) las
saw the deceased alive on	and that	death occurred at	M, from the causes	and on the date stated above.
22a. SIGNATURE				22b. DATE
-az, Man	e 1 M	ATTENDING ME	ECTOR PHYS.	SIGNE
22c. PHYSICIAN'S	-E(22d. ADDRESS		- June
NAME (Type)		and Application		/
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, to	wn or county) (Stefa)
Cartal 6/7/66	Cakland Cen	et ry	Cakland	Maryland
24/ FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. REC'I	BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(1 UIX) Mi.	Oakland, Ma			Gentles Judge
70 2 0 1 11/1 1/10/11/1/	A Carlana. Ma	T. A TSTUDGENER IN	יממהו נו	- Carl Mark Day



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PART COLOR OF BEATH COUNTY COUNTY
b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 DAVS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4 DATE Month Day Year NAME OF HIST MADE 3 NAME OF HIST MADE 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (a years IFUNDER 724 HKS LOLD) 4 SEX 100 LUSAL OCC.PRITON (Give kind of work done MUDOWED DIVORCED NEW MARRIED NICE) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (a years IFUNDER 724 HKS LOLD) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 10 NOVER DIVORCED RACE (County & State or foreign cauntry) 10a US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done NUDUSTRY) 10b US.AL OCC.PRITON (Give kind of work done Number 10b Number
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d. NAME OF HOSPITAL OR INSTITUTION (If not an hospital), give street address) A. STREET ADDRESS Co. nat. Co. nat.
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH 9. AGE (in years 15. Under 174 Hr.) 16. Under 174 Hr.
3 NAME OF DECEASED TYPE OF THE STATE OF
DECASED DEATH Time 16 19 66
Compared
10a US.AL OCC.PATION (Give kind at work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no, or unknown) (If yes give war ard dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19 PART I. DEATH WAS CAUSED BY: 10 USE TO 10 USE T
DIVORCED 3/3/01 611 yrs.
10 US_AL OCCUPATION (Give kind of work done during mest provided in the prov
13 FATHER S NAME 13 FATHER S NAME 14 MOTHER S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, arunknawn) (If yes give war ar dates at service) 16 SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. Canditions, if any which gave rise to immediate cause (a), storing the underlying cause (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO.
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 10 Median 10 Me
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 10 Median 10 Me
(Yes, na, ar unknown) (If yes give war ar dates of service) none Hetsel Roy Bayard, W. Va.
IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate cause (a), storing the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
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PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH
YES NO CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c OR CONTRIBUTING □ CAUSE OF DEATH
E ON COMPRISONING TO CHOSE OF DEATH
[(IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED Nat While Nat While Carry, street, affice bidg., etc.) (Caunty) (State)
Haur a.m. While Nat While factory, street, affice bidg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram 1977 16, 1966, to June 16, 1966, that (I) (we) las
saw the deceased alive on Jung 10 1900, and that death accurred at 2051 M, fram causes and on the date stated above
22a. SIGNATURE 22b. DATE SIGNED
M D. PHYS. D
22d ADDRESS
NAME (Type) Dr. 3. L. Grant Oakland, Maryland
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify)

Ord completely filled in by the funeral person popers. Pages 1 and 2 person, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican odd director, page 3 should be detoched for use as the bur of-tronsit permit. Then please year should be file... with the State Lept. of Health Intar to buriof, cremotion, or removal, and feath

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

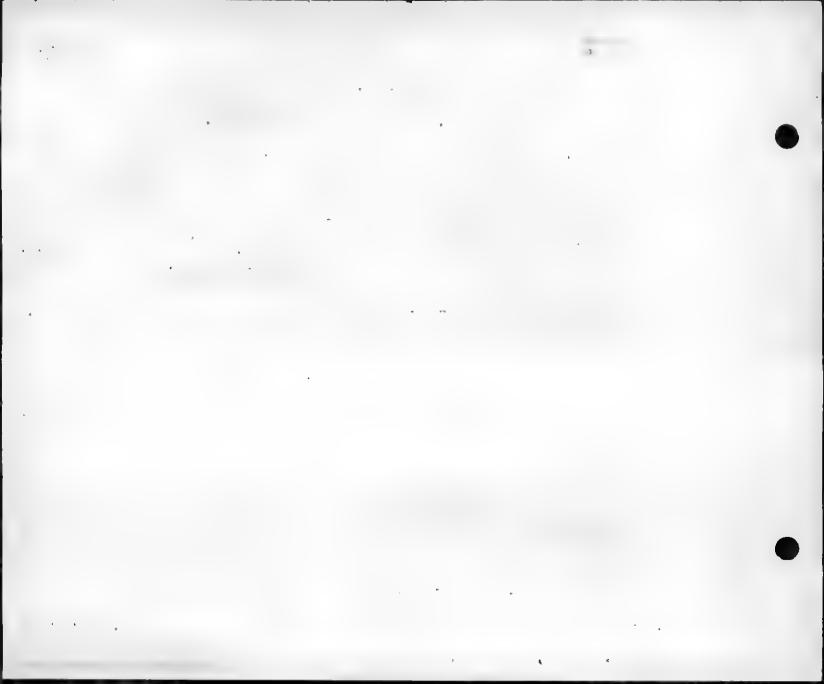
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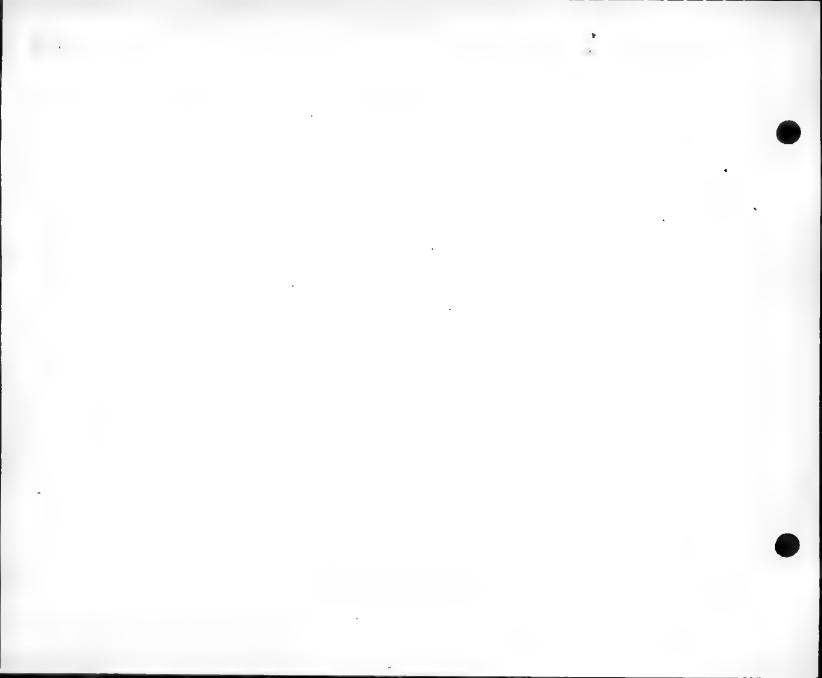
CERTIFICATE OF DEATH

08469

s 1 and 2			9				0.0305
		LACE OF DEATH	CADDEMO	OANT AND MA	2 USUAL RESIDENCE (W	Where deceased lived, if institution AND b. COUNT	n Residence before admission) Y GARRETT
			GARRETT	OAKLAND WAR MAD			
	b	CITY OR TOWN () write RURAL one	If autside carparate limits, I give nearest town)			tside corporate limits, write RURA	L and give nearest town)
				AND, Manos &10 DAYS	OAKLAN	D, Md.	
	d	I. NAME OF HOSPIT	AL OR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
		GARRETT	CO. MEMORIA	L HOSPITAL	ROUTE # 2	BOX # 273 A	YES 🔀 NO 🗌
1		AME OF	First		Los*	4. DATE Marth	Day Year
ı	(Type ar print)	NORA	FRANCES	SNYDER	DEATH JUNE	
	\$ 5	SEX	6. COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min
		FUMALE	WHITE	WIDOWED X DIVORCED	9-9-78	last bythday) 07 yrs.	
ı	10a.	USUAL OCCUPATION	(Give kind of work done	106 KIND OF BUSINESS OR	11. LUFTENET TOPHY	Sterl a threign country)	12 CITIZEN OF WHAT COUNTRY?
ı	2011	Dome's	tic	House work	JUNE SOLL		U.S.A.
ı	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	therine Clea	var
I	_		JAMES FLEMI		XXXXXXXXX	A SECOND STATE OF STA	
	1S (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 219-14-6058	INFORMANT	Address	5
J	`	140		5TA=TH=0020	(SON)	ALBERT SNYDER	, OAKLAND, Md.
	\neg	18. CAUSE OF DE	ATH (Enter only one couse IH WAS CAUSED BY:	e per line for (a), (b), and (c).)		_	INTERVAL BETWEEN ONSI AND DEATH
		, AKI I. DEA	IMMEDIATE CAUSE (o	oremia			6 weeks
1		3	j DUE TO	0 1	4	1	2 1
		Conditions, if ony, rise to immediat	e couse (a)		1/care	- acture	-monrae
		stoting the under	rlying couse DUE II	110-1-10	A. P.	1.1/	A. Unknown
ı		last.	·	d finientorcle	roue car	acra varour	Visace.
1	NO.	PART II. OTHER SI	GNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
	₫.	00 100100111111	THE POLICE PARTY	Viaheles 11	ellelus	2	YES NO
	CERTIFICAT.ON	20a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in I	Port I ar Part II at Hern 18.)	
ı) N		MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm	. 20f. (City or town)	(County) (State)
	MEDICAL	Hour a.r		While - Not While - for	tory, street, affice bldg., etc.)	, Zur. (City or lown)	(County) (State)
	٦	pr		of work at work	() 150 I	0 (0 3) 11 21	20/6 0 10/0 11
١		21 Certi	ry that (I) (this hasp	ital) attended the deceased frame	at dooth accurred of	9 6 710 Jun 26	nd an the date stated shows
۱		22a, SIONATURE	eceased alive an 3	14 /Big, dild III	ar death accorred air	-424 M, Main cooses a	22b. DATE SIGNED
١	- 1	ZZG. JOHNIGAL	17-12	Till .	.D. PHYS.	MED. STAFF DIRECTOR PHYS	27 June 66
۱		22s PHYS CIAN'S	- J	Jaymon "	22d. ADDRESS	DIRECTOR LL PHIS LL	
		NAME (Type	HERBERT H.	LEIGHTON MD.	Oakla	and, Marylan	d
	23n	BURIAL, CREMATIC	ON. 236. DATE THER	LEOF 23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
]	REMOVAL (Specify	6/29/6		-	y N ar Oakla	, , , , ,
-		FUNERAL DIRECTO		ADDRESS ADDRESS		BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
D		710	$\omega - \omega$	cland, Maryland	DATE ALL	IN 29 1966 &	Charles Judge
435	~ '				Onic D D	- H D (844 //	11 U

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

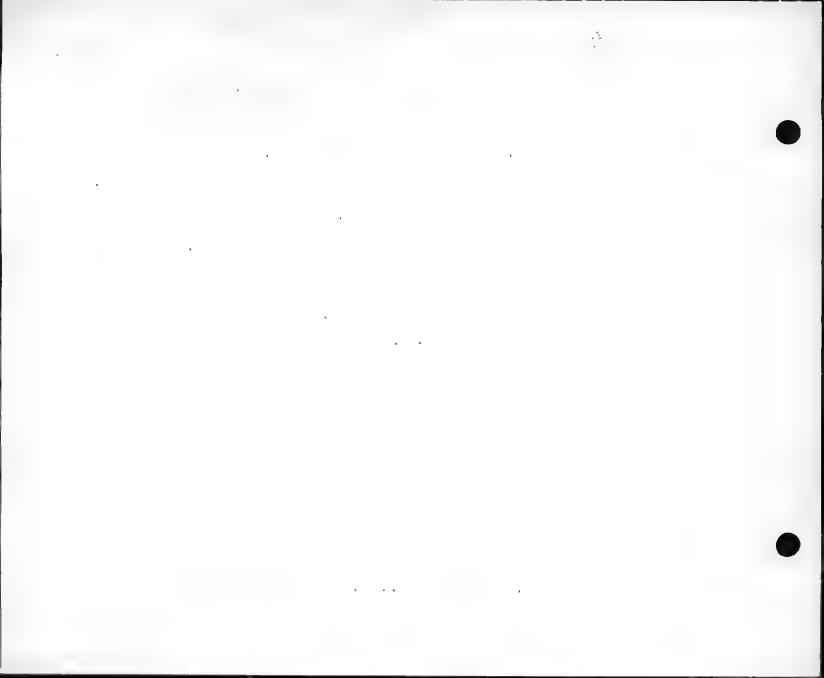




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. I institut on Residence before pain ssion) o. COUNTY b. COUNTY 2 PM3 Poge Garrett MARYLAND Greene deloy ond 3 (Department b CITY OR TOWN (If outside corporate imits, LENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate limits, write RURA, and give nearest town) write Rt.RAL and a ve pearest town)
Oakland Minutes Wayn : sburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital a ve street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours along with form Garrett Co. Memorial Hospital e Stote | 72 hour YES NO-This certificate should be executed within 24 hours ofter death 3 NAME OF Midd e 4 DATE Month DECEASED the OF DEATH Curtis E1 1 Taylor 12th. within June (Type or print) With S SEX AGE (n years IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH 7 MARR ED NEVER MARRIED last bythdoy) White WIDOWED DIVORCED June 11. Male Office pages land 2 106 KIND OF BUSINESS OR ADD USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT lyring most of working life, even if retired) INDUSTRY CO-NTRY? Silver Hill any. Veteran Armv farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM .⊆ Thomas Tavlor Charlotte Juster pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? see Address 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) removal, above 90-36-3181 Irs. Ruth Taylor 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH ö IMMEDIATE CAUSE (a) Coronary thrombos1s cremation, DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO stoting the underlying couse 0 buriol, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPS CERTIFICATION PERFORMED? YES NO 2 Page 4 should be 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of neury in Port I or Port It of item 1B.) ogent, prior 3 should PRIMARY G or CONTRIBUTING G CALISE OF DEATH 2Dc TIME OF INJURY Month, Day, Year 2Dd INJRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work designoted 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry & and in my opinion the funeral director. deoth resulted fram: Natural causes x Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-12-66 0 DEPUTY MEDICAL EXAMINER 130 **EXAMINER'S** Feaster, Jr., M. James Address (Street, city, town, or county Oakland. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, DATE THEREOF 23d LOCATION (City or Town) 90 REMOYAL (Specify) Greene em. Co. Greene Co. Penna 2So. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

Oakland, Maryland DATHUN 23 1966 Clorles Judge



	DIVISION OF	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	08476	CERTIFICATE OF DEATH 18466
1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE INCOME. b. COUNTY.

	a. COUNTY	Garrett		MARY	LANO	a. STATE Ma.	rylar.	1d b. Coul	NTY Gay	rotj	e samission)
-	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY		C. CITY OR TOWN (H	f outside co	orporate limits, w			arest town)
_				life		Friends		e. Md.		11.	1
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in	hospital, give street a	ddress)	d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
N										YES	
/8.	NAME OF DECEASED		rst	Middle	7 .	Last	4. DATE	Mont	h	Day	Year
_	(Type or print)	SaM				NS1CKLE		n June	derry.		19 4
ο,	SEX	6. COLOR OR RACE	1	D NEVER MARRIE		3. OATE OF BIRTH		AGE (In years last birthday)	Months L	YEAR IFUN	
-10	M	W	WIDOWE			pril 23,1		O_ yrs.			
qui	Ing most of worki	ION (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY	t	11. BIRTHPLACE (C	_		() 12. CIT	TIZEN OF WI UNTRY?	HAT
	比って FATHER'S NAM	ired	I.	arwing		Friends		e, Md.	U.	ರ.A.	
13		_	~ 1 7			14. MOTHER'S MAIL		_			
75		orge Van				Elizebe	th Si				
άř	es, no, er unkown)	(If yes give war or dates o	f service)	5. SOCIAL SECURITY NO		INFORMANT		Addre			
_	no				Fir	s. Grace	VanSi	ckle,Fr	riend	svill	-C,19d
				line for (a), (b), and (c	_ /	6 -1.				INTERVAL ONSET AN	BETWEEN ID DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) 1	angesturl	Sle	ant tal	kurl.	<u>ک</u>			
	42	OUE	TO C	1/4 .	7	-1/4	11				
	Cenditions, If a		(b) CE	Elerios	cles	alli XXI,	Wha.	larl			
	cause (a), st	oting the DUE	TO OT	6.	6	2	0	drozs	.0		
Z	underlying caus		(c)	moruce		2 Lary .			-		
ATIC	PARTITIONERS	IGNIFICANT CONDITTO	MS CONTRIE	BUTING TO OEATH BUT N	OT RELA	TEO TO THE TERMINAL I	DISEASE COI	NDITION GIVEN IN	PART 1(a)	19. WAS PERF	AUTOPSY FORMED?
17.0	20- ROCIDENT	WAS HADEDLYING FI	1 005	DEDODLINE HOW IN HIS	-11 00011		* * 1			YES	NO _
CERTIFICATION	DR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING DEA NG DEAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	RY OCCU	RRED. (Enter nature of	f Injury In E	Part Or Part C	of Item 18.)		
MEDICAL	20c. TIME OF I	NJURY Month, Day,			20e. PLAI	E OF INJURY (Home, fa y, street, office bldg., e	arm, 20f.	(City or town)	(Coun	ty)	(State)
MEO	nour a.n		While at wo	ork Not While at work	10000	Ji sa cori omicoolog.; c					
	21. I certify	y that (!) (this hose	ital) atten	ded the deceased fr	rom	716-14 1	960 to	freunt	19	that (I)	(we) last
	saw the dec	eased alive on				death occurred at_	P.M. fi	rom the causes	and on th	e date stal	ted above.
	22a. SIGNATUR	E / 4 //	V							TE SIGNED	
	Flas	sed of	ma	ma , LVI	U M.D.	ATTENDING PHYS.	OIR ECTOR	STAFF PHYS.	June	27,19	66,
	22c. PHYSICIA NAME (T	PERCOLI Ó.	Kamo	ING MA		22d. AOORESS -7nar/2	leager	hurg.	V		
23a	BURIAL, CREM.	ATION, 23b. OATE 1	HEREOF	23c. NAME OF CE			23d. L	OCATION (City, to	own or coun	ity)	(State)
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24	. FUNERAL DIRE	CTOR		ADORESS		258	P'D BY REG	1966 25b	EGISTRAR'S	SIGNATUR	E
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Grantsville, Md.

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Garrett Marvland Garrett MARYLAND 12 th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) 2 Mt. Lake mos. Rural - Deer Park e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 90 ON A FARM? 108 Roanoke Avenue Route YES K NO Box 3. NAME OF Middle 4. DATE Month Day DECEASED OF DELORES JUNE (Type or print) MITT.HET.M DEATH June 19 66 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. R. DATE OF BIRTH lest birthday) Months Days Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please remove done during most of working life, even if retired) Housewife Own home Crellin, Garr.Co., Md. 13. FATHER'S NAME affending Harry Kisner Thelma Lowdermilk 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Husband) (Yes, no, or unkown) i (If yes give war or dates of service) Austin Wilhelm. Rt 1. Deer Park. INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for physician. ONSET AND DEATH signed by PART I, DEATH WAS CAUSED BY: ear IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (6) gave rise to immediate cause DUF TO (a), staling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1965 to June 12, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... If an saw the deceased alive on une 1966, and that death occurred 2:30MPIpM the causes and on the date stated above. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 1966 ALD. 22c. Physician's NAME (Type) Herbert eged 22d. ADDRESS death. Page Leighton, M.D. H. Odr land, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREO! OF Deer Park Cemetery Deer Park. Maryland D BY REGISTRAR 256 DEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S Charles VR A15 (4) ana eighton-L 15M 7:62 Home . Cakland Md.

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FUNERAL DIRECTOR:

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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